

State Elected Official Financial Disclosure Form

Name of Official: MARTI HALVERSON

Office Held: STATE REPRESENTATIVE

Senate District (if applicable): _____

House District (if applicable): 22

Business Address: _____

Business City, State and Zip: _____

Business Phone: () _____

Home Address: P.O. BOX 5009

Home City, State and Zip: ETNA, WY 83118

Home Phone: (307) 883-0250

RECEIVED

JAN 31 2019

WYOMING
SECRETARY OF
STATE

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

NONE

b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

NONE

c) **Salaried Employment**

Job Title

Name and Address of Enterprise

NONE

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

STATE OF WYOMING

CHEYENNE

b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . .")

Name of Business Entity

Address of Business Entity

NONE

Three horizontal lines for handwriting practice, spaced evenly apart.

c) Investments

Income Earned

A. Any security or interest earnings

Yes No

B Real estate, leases, royalties

Yes No

d) Other (describe generally):

Other (describe generally): _____

On this 30th day of JANUARY, 2019, I affirm that the preceding information is accurate.

Marti Halverson *cc*
Signature